

GEDDINGS (W.H.) *Compliments of the Author.*

REPORT OF THE RESULTS

IN

THIRTY-ONE CASES OF PHTHISIS

TREATED AT

Aiken, S.C., during the Season 1878-79.

BY

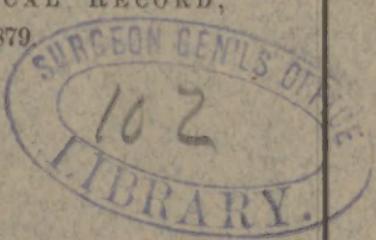
W. H. GEDDINGS, M.D.,

AIKEN, SO. CAROLINA,

*Member of Aiken County Medical Society, of Medical Association
of So. Carolina, and of the American Medical Association.*

Reprinted from THE MEDICAL RECORD,

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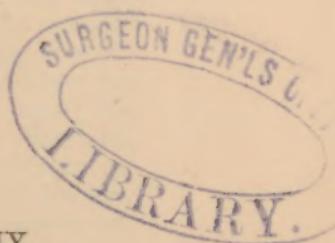
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REPORT OF THE RESULTS IN
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THE climate of Aiken has been often and fully described, but thus far the results of treatment at that well-known health-station have never been laid before the profession.

The publication in the MEDICAL RECORD last spring, by Prof. Loomis, of a few cases successfully treated in the Adirondack region, determined the writer to carry out a resolution made several years ago, to publish each year the results in all the cases of consumption that came under his observation in the course of the season. In preparing these cases for the press, it was found, however, that some of them were so imperfect—the patients presenting themselves only once or twice—that their publication would be only a waste of space. The number thus omitted is quite considerable, constituting the large majority of cases presenting themselves for advice. The case histories are taken from my daily record; and not being intended at the time of their entry for publication, the symptoms given are, in many instances, more or less incomplete. It is thought, however, that they are sufficiently full to remove all reasonable doubt as to the diagnosis of the disease, its stage of development, and the results of treatment. Being exclusively private patients, the writer has not felt at liberty to give their names, or even their ini-

tials; but they may, in nearly every instance, be recognized, and, if necessary, verified by the name of either the attending or of the consulting physician, which, as a rule, is given immediately after the number of the case. Some few of the cases have been under observation for several years; while others, and by far the larger number, were treated for a few months only. It is needless to state that the greatest care has been taken to make the report as correct as possible; and to secure this end, many cases were omitted, in which, although they presented general symptoms sufficiently marked to warrant their being classed as phthisis, the physical signs of that disease were either wanting or of a doubtful character. As this class usually represents cases in the initial stage, which are, of course, more amenable to treatment than those farther advanced, their omission materially reduces the number of successful cases, a fact which should not be forgotten in estimating the general result.

CASE I.—Male, 41 years, patient of Dr. Paddock, of Lenox, Mass. Disease began with bronchial catarrh in the winter of 1877. Patient visited Aiken for the first time in Jan., 1878, previous to which he had lost 14 lbs.—his weight, when he arrived in Aiken, being 122 lbs. He had also had occasional night-sweats. At that time there was dulness on the left side, extending from the clavicle to the fourth rib in front, and half down the scapula behind, the respiration being bronchial in character. Up to the 21st of March of that year, he had gained 4 pounds in weight, and his general appearance was much improved. The expectoration was greatly reduced in quantity. He passed the summer at Lenox, attending to his business, which was that of a grocer.

Dec. 31, 1878.—Patient's weight is 126 lbs., color healthy, pulse 92, temperature $98\frac{1}{2}$ °; expectoration half an ounce, some of which sinks. On the left side the dulness extends from the clavicle to the third rib, showing a diminution in the extent of the infiltration since the first examination. On the back there is no change in the area of dulness. Expiration prolonged. Bronchophony. Patient neglected to

take care of himself, ceased taking the remedies prescribed, and for a time lost ground.

April 21st.—Dulness in front unchanged, but behind it is reduced to a small space above the spine of the scapula. Respiration bronchial. General health much improved. A letter received a few weeks after his return home states that the improvement has continued.

CASE II.—A middle-aged male from Washington, D. C., a patient of Dr. S. C. Busey, of that place. This case, which has pursued a very chronic course, dates from boyhood; has always had more or less trouble with his respiratory apparatus. He consulted me for the first time in December, 1875. He then had an infiltration of the right lung, as evidenced by dulness between the scapula and vertebral column. The patient had just returned from Florida without having derived any benefit from his residence there.

Several years ago he contracted a croupous pneumonia, involving the affected lung; was for a time quite ill; but, after resolution had taken place, there was no change in the size or character of the chronic infiltration. He has been an annual visitor to Aiken for the past five or six years, and always derived much benefit from its climate; but this year (1879), being in Savannah, he concluded to give Eastman a trial. While there he had a succession of hemorrhages, which reduced him to such an extent, that Dr. Busey was summoned from Washington to him. Yielding to the urgent entreaties of the patient, Dr. B. had him conveyed in a special car to Aiken. He had one or two hemorrhages on the way, and, at the time of his arrival, was so prostrated, that he had to be brought on a bed from the cars to the hotel. His condition at that time was such as to cause his friends the greatest anxiety.

Jan. 19, 1879. Physical examination reveals dulness on the right side, extending over the supra-scapular and upper half of the infra-scapular region. Respiration bronchial, and at some points distinctly cavernous. On the left there is marked dulness behind, with prolonged expiration. He had but one hemorrhage after his arrival in Aiken, and from that time

on, the course of the disease was one of very slow, but steady and uninterrupted improvement. For a long time he had to be rolled about in a chair, and many weeks elapsed before he entirely regained the use of his limbs.

April 15th.—The patient is much improved, having gained in weight and strength. He can now walk about, and may be said to be as well as he has been during the past two years.

CASE III.—Male, 52 years of age, a patient of Dr. F. Donaldson, of Baltimore. Many years ago patient had rheumatism, with cardiac complication. Last July (1878), after taking a prolonged hip-bath for the relief of hemorrhoids, he had a severe chill followed by fever, which continued to recur until September, at which time he began to cough.

Jan. 24.—Pulse 112, temperature 102°. Over the left front there is diminished resonance from the clavicle to the fourth rib, with marked dulness under the scapula of the same side. Breathing decidedly bronchial, with loud expiration. During the month of February was troubled with palpitations and pain in the cardiac region, and complained of great weakness and giddiness. No abnormal murmurs could be detected, but the œdema of the limbs in connection with the above symptoms indicated the existence of some serious cardiac lesion. There was some improvement in the condition of the patient until March 4th, at which time there was an exacerbation of the disease, with increase of fever, sweats, etc. Physical examination revealed dulness on the right side with bronchial respiration. The cardiac symptoms also became more troublesome. April 15th, there being no prospect of improvement, the patient was advised to return home.

CASE IV.—A young lady from New Jersey; Dr. Hayes Agnew, of Philadelphia, consulting physician. The neck much disfigured with large cicatrices, the result of scrofulous ulceration of the cervical glands. Has lost flesh; lies on the left side.

Jan. 28.—Pulse 96, temperature 101½°; diminished resonance over the upper portion of the right lung, with jerking, bronchial respiration. Feb. 26th.—

Pulse 104, temperature $101\frac{1}{2}^{\circ}$. Dulness distinct under right clavicle, with audible expiration anteriorly as well as posteriorly. On the left side there is no dulness, but the respiration is bronchial in character. The patient gradually grew worse, returned home at the close of the season, and died in August.

CASE V.—A middle-aged clergyman from Gloucester, Mass., a patient of Dr. Morrill Wyman, of Cambridge. Disease commenced with bronchial catarrh in April, 1878. Has had one slight hemorrhage.

Feb. 1, 1879.—The upper portion of the thorax on the right side is much depressed. There is an extensive area of dulness occupying nearly the whole front of the right lung. There is also dulness behind, but not so extensive as in front. March 7th.—Much improved, coughs less, but the expectoration continues profuse. Has a good color, and has gained eight pounds. March 13th.—Patient looks fresh and ruddy; pulse and temperature all but normal. Expectoration still profuse. April 9th.—Pulse 84, temperature, $98\frac{1}{2}^{\circ}$. Coughs much less, and the expectoration is reduced to a fourth of what it was a month ago. April 26th.—Pulse 84, temperature 99° . Has continued to improve; has gained four pounds since last examination. May 20th.—Had an attack of diarrhoea a week ago, which caused him to lose six pounds, three of which he subsequently regained. He now weighs nine pounds more than he did when he arrived in Aiken. There is diminished resonance, not amounting to positive dulness, extending from the clavicle to the third rib, over which region the respiration is normal, the expiration being barely audible. He coughs little, except in the morning, at which time he expectorates two or three drachms of mucopurulent matter.

CASE VI.—A bright little girl of six or seven years, Portsmouth, N. H., who, being under the care of a homœopathic practitioner, consulted me only occasionally, so that her case history is more or less imperfect. The disease was the result of an attack of pertussis.

Nov. 6, 1878.—Pulse 120, temperature $99\frac{1}{2}^{\circ}$. The right lung is infiltrated from the apex to the fourth

rib, as evidenced by distinct dulness both in front and behind.* This patient did remarkably well until Feb. 1st, when she had an attack of bronchial catarrh. She recovered readily from this, and continued to improve until late in the spring, when she was lost sight of.

CASE VII.—A married lady, patient of Dr. McBurney, of New York. Disease started with bronchial catarrh in Feb., 1877. Lost flesh, at first quite slowly, but, diarrhoea supervening, the emaciation progressed very rapidly.

Feb. 10th.—Pulse 100, temperature $100\frac{1}{2}^{\circ}$, in afternoon as high as 104° . Expectorates several ounces; is very anaemic, and has had but little strength. Physical examination reveals extensive disease of the left lung, with softening of tissue. The advanced stage of the disease, the high temperature and great emaciation, precluded in this case all hope of improvement. She remained a few weeks in Aiken and then returned to New York.

CASE VIII.—A young lady, 24 years of age, from an adjoining county, in regard to whose case Dr. Hydrick, her medical attendant, kindly furnished the following history: "The patient came under my observation about one year ago. Her previous history is one of pulmonary disease of several years' duration; had hemorrhage in Oct. (1878). The family history is not good; her mother, sister and brother having fallen victims to pulmonary disease." The disease was ushered in with hemorrhage in the spring of 1877. Has had "asthma" since her childhood. After this attack she was ordered to Florida, but on reaching Charleston she consulted the late Prof. Geddings, who informed her that her native air was preferable. Under his treatment she improved, and remained in fair health until Oct. 1, 1878, when she had several hemorrhages and lost fifteen pounds.

Feb. 11th.—Patient is rather pale; pulse 110, temperature $100\frac{1}{2}^{\circ}$. Has night-sweats. On the right side there is dulness under the scapula, with feeble respiratory murmur and occasional zonchi. On the

* The symptoms afforded by auscultation were accidentally omitted.

left the respiration is bronchial in character, with loud prolonged expiration. At the base of both lungs there are evidences of emphysema. March 15th.—Pulse 92, temperature $99\frac{1}{2}$. Patient looks much better. March 31st.—Patient returns home much improved, is stronger, has a better color, and coughs less. Has increased several pounds in weight. The dulness on the right side is of course still perceptible, but the mucous râles have entirely disappeared. On the left side, to the outer side of the heart, the respiration is still bronchial in character.

CASE IX.—Male; patient of Dr. Büchler, New York. Had an attack of haemoptysis in 1860, with cough of several months' duration, from which he recovered completely, and remained perfectly well until August, 1878, when he again commenced to cough.

February 18, 1879.—Patient has lost five pounds since the attack in August, and looks quite pale and sallow. Pulse, 104; temperature, 99° . On the left side, and to the left of the heart, the percussion sound is short, and the expiratory murmur prolonged. Over the back the respiration on that side is very harsh. On the right side there is dulness over the apex, the respiration being quite feeble.

March 4th.—Color much improved; coughs less, and has gained one pound.

March 27th.—Has had slight attacks of congestion, with tingeing of the sputa, but now feels quite well.

April 23d.—Is stronger and expectorates less. The dulness, however, is much more distinct, extending on the right as low as the second rib.

April 29th.—Patient goes home improved in general health, but without any material change in the local symptoms.

CASE X.—A married lady, patient of Dr. George C. Webber, of Millbury, Mass., who writes that "she has incipient trouble in one lung," and "that she has lost three sisters by phthisis."

February 24th.—Color pale; pulse, 120; temperature, $98\frac{1}{2}$. On the right side there is dulness on percussion below the clavicle, with bronchial breathing over the upper portion of the lung. Left side dull under the clavicle.

March 20th.—Pulse, 105; temperature, $100\frac{1}{2}$. Has gained seven pounds in weight, and is greatly improved in color. Left apex still dull. On the right side the dulness is still present, but greatly diminished in extent.

April 8th.—Has continued to improve; has gained two pounds additional during the past month, making a total gain of nine and a half pounds since her arrival in Aiken.

May 2d.—Pulse, 104; temperature, $99\frac{1}{2}$. Coughs and expectorates much less; weighs more than she ever did in perfect health. The area of dulness is still present, but the respiration is all but normal.

CASE XI.—March 1st, a young man, eighteen years of age, a patient of Dr. F. Donaldson, of Baltimore. His father, two uncles, and an aunt had consumption. Has frequent attacks of haemoptysis; has morning exacerbations of fever, and sweats at night. On the right side, the percussion sound is dull. The expiratory murmur is prolonged over the front and back. Vocal fremitus quite pronounced on that side. March 17th, no return of the bleeding since the 8th; the morning paroxysms of fever have ceased to recur, the temperature never rising above $98\frac{1}{2}$; coughs only occasionally, then only after exerting the voice.

May 12th.—Goes home much improved; has had no return of the hemorrhages; has gained three pounds, and is much stronger.

CASE XII.—A young German, a patient of my own, who removed to Aiken in 1874, with an infiltration of the apex of the right lung. He had had several attacks of haemoptysis, and presented all the symptoms of the first stages of phthisis. He improved rapidly, but, disregarding my advice, he accepted a situation in a store, where the confinement soon brought on a return of the old symptoms. He abandoned his position, and after drinking the blood of freshly slaughtered animals for several weeks he regained the ground he had lost. Remarking his rapid improvement while drinking fresh blood, he was advised to change his occupation and become a butcher; but instead of this he unfortunately opened a bar-room, where the irregular life, late hours, and constant ex-

posure to cold draughts, favored the development of laryngeal phthisis, with extensive ulceration of the vocal cords. He grew gradually worse, and at the close of the last season was apparently very near his end. The chronic course of the disease (seven years), and the repeated arrest of the process, led to the belief that, had he exercised common prudence, his life might have been prolonged many years, and that there was in his case even a fair chance for a permanent arrest of the process.

CASE XIII.—This patient, a young lady from New Rochelle, was far advanced in phthisis when she arrived in Aiken; her appetite and digestion were very poor, and she was affected with chronic diarrhoea. Emaciation very marked; her complexion of that peculiar pale tint so often met in the advanced stages of consumption. The physical signs present were: extensive dulness over the right lung, with loud, moist râles on both sides, obscuring the other sounds. This patient held her own at Aiken, and subsequently went to Florida, where she died a few weeks after her arrival.

CASE XIV.—A young girl of fifteen, from Adams, Mass.; Dr. C. W. Burton attending, and Dr. John T. Metcalfe consulting physicians. The disease was ushered in with a copious hemorrhage on March 10, 1878. The bleeding recurred several times, and was followed by fever, remittent in character and tertian in type. In May it was discovered that the right lung was extensively infiltrated. Profuse expectoration now set in and continued until August 1st, at which time she began to show some signs of improvement. This improvement continued until the cold weather of fall necessitated her remaining within doors. Growing somewhat worse, she was sent to Aiken.

December 11, 1878.—The patient, who has improved during the journey, is pale, with bright red spots on either cheek. Pulse, 98; temperature, $98\frac{1}{2}$. Weighs ninety pounds. Catamenia, which had just commenced, have not reappeared since the outbreak of the disease. Expansion of the thorax, which is limited almost exclusively to the left side, two inches. There

is dulness over the whole of the right lung; respiration decidedly bronchial, with loud expiratory murmur. Moist râles audible over the whole of the right lung. On the left side the respiratory murmur is exaggerated.

January 9th.—Much improved in appearance; has gained two pounds. Expectoration reduced to half an ounce. A portion of the parasternal region is partially resonant.

February 10th.—Weighs ninety-eight pounds, a gain of eight pounds since her arrival in Aiken. **Coughs in the morning and evening only.**

March 13th.—Weighs ninety-nine and a half pounds, a total gain of nine and a half pounds. The area of resonance is increasing in extent; a triangular space, with two inches of the sternal end of the clavicle as a base, and the junction of the third rib and sternum as an apex, being quite clear.

April 14th.—Weighs $100\frac{1}{2}$ pounds; making a total increase in weight of ten and a half pounds. The catamenia have returned. The clear triangular space above mentioned has grown larger, the apex being now at the junction of the fifth rib and sternum. She walks several miles without experiencing the least fatigue. The great and steady improvement in this case was as remarkable as it was unexpected; the large extent of diseased surface and the age of the patient having naturally led to the expectation that the result would be anything but favorable.

CASE XV.—A middle-aged mulatto, one of my own patients; first presented himself about eight years ago. He was having quite a profuse hemorrhage from the lungs. The attacks of haemoptysis continued to recur at longer or shorter intervals. A physical examination afterwards revealed dulness and other signs of infiltration of the right lung. The patient, believing that his hemorrhages were due to malarial poisoning, made repeated applications for life insurance, but was invariably rejected. There has been no return of the bleeding since 1874; the cough has ceased, and the patient's general appearance is that of a person in good health. The only physical signs remaining at this date (June 1st) are

slight dulness under the right clavicle and first rib, with some feebleness of the respiratory murmur. The patient's trade is that of a tailor, a fact worthy of note, in a case in which recovery has taken place; that occupation being justly regarded as decidedly conducive to the development of pulmonary phthisis. So extensive is its prevalence in Vienna among that class of workmen, that it is sometimes designated as "the disease of the tailors."

CASE XVI.—A young man of twenty-three, from New York. Consulting physician, Dr. A. L. Loomis. Mother and brother died of consumption. Disease began in October, 1877, with "cold," followed by fever and emaciation; cough beginning a month later. Has had night-sweats and one slight hemorrhage. Loss of weight, twenty pounds. Color bad. Breathing rapid, with deficient expansion. Pulse, 106; temperature, 102°. Dull on the right side from clavicle to fourth rib, and over the greater portion of the scapular region. Respiration bronchial, with moist râles everywhere audible. On the left side, dulness with moist râles. This patient remained a few weeks at Aiken, and then went to Florida, where he afterwards died. During his residence at Aiken there was no material change in the patient's condition.

CASE XVII.—A young lady from Chicago; a patient of Dr. R. P. Lincoln, of New York. The disease in this case began with bronchial catarrh in the autumn of 1875. She came to Aiken for the first time in the winter of 1876-77, with an infiltration of the left lung, extending from the clavicle to the third rib. She improved during the winter, and passed the summer at Faribault, in Minnesota. She returned to Aiken the following winter, and did well, coughing only a little in the morning and evening. The pulse and temperature were normal, and her weight increased from 110 to 113 pounds. In March there was a slight exacerbation of the disease, as indicated by increase in the area of dulness, bronchial respiration and pleuritic pains on the affected side. This attack was of short duration, and she went North in the spring in good condition. She passed a portion

of the summer at Bethlehem, N. H., and then went to Amherst, Mass., where she was laid up with an attack of pelvic cellulitis. This complication, together with the want of proper food, reduced her considerably, and caused her to lose much of the ground she had previously gained. As soon as able to travel she was brought to Aiken.

Dec. 14, 1878.—Notwithstanding the deprivation of her accustomed exercise, her physician having ordered her to maintain the recumbent posture, patient has passed much of her time sitting or lying on the veranda, and there has been a rapid improvement in all her symptoms since her return to Aiken. Pulse, 88; temperature, $99\frac{1}{2}$. Expansion, 2". Expectorates one ounce. The extension of the area of dulness noticed last March is now quite distinct, but that corresponding with the older infiltration has become more resonant. The respiration is bronchial, with prolonged hissing expiration. A few moist râles indistinctly audible under the left scapula.

Jan. 22, 1879.—General appearance good. Lung symptoms much improved.

May 1, 1879.—Much improved. Pulse, 80; temperature, $97\frac{1}{2}$. Weighs at least 120 pounds, which is above her normal weight. Coughs a little in the morning, raising a few teaspoonfuls of muco-purulent matter. Left side dull from the clavicle to the third rib, but much more resonant than at last examination. Has contracted a slight attack of acute bronchial catarrh, which gives rise to a loud persistent ronchus, which masks the other symptoms elicited by auscultation. In this case, which has been three years under observation, the disease was arrested at least twice, and there was every reason to hope that the good results would have been of a more permanent character, had it not been for the unfortunate complication which for a whole winter deprived her of all exercise in the open air.

CASE XVIII.—A man of thirty-one, a patient of Dr. Santoir, of Brooklyn. Disease began with an attack of pneumonia in July, 1878. Patient's general appearance indicates that he is in the last stages of phthisis; emaciation very great; has lost over thirty

pounds; cannot digest food, and vomits continually. Patient grew rapidly weaker, and was removed to Beaufort, S. C., and then to his home in Brooklyn, where he died.

CASE XIX.—Male, twenty-two years; patient of Dr. Chapman, of New Haven. Was taken sick on the 4th of March, with bronchial catarrh. He was at first treated by an irregular practitioner, and lost flesh rapidly. After placing himself under Dr. Chapman's care, there was a marked improvement in all his symptoms.

Dec. 28th.—Color unhealthy; pulse, 120; temperature, $100\frac{1}{2}^{\circ}$. Weight, $117\frac{1}{2}$ pounds. Expectorates quite a large amount of muco-purulent matter, some of which sinks. Patient has had night-sweats, as well as occasional attacks of haemoptysis. On the left side there is an area of dulness occupying the whole upper half of the lung, front and back, with bronchial breathing and loud prolonged expiration; crackling mucous rales audible over the whole lung. On the right side no dulness, but prolonged expiratory murmur.

Jan. 1, 1879. Looks and feels better. Pulse, 108; temperature, $100\frac{1}{2}^{\circ}$. Expectorates less.

Jan. 28th. The dulness now extends from clavicle to fourth rib and half down the scapula. Weighs $118\frac{1}{2}$ pounds. A gain of three-quarter pound.

Feb. 8th.—Weighs $119\frac{1}{2}$ pounds; a gain of two pounds.

March 23d.—Pulse, 92; temperature, 100° . Weighs more than he has ever done in health.

March 28th. Cough tighter; is quite hoarse, and has diarrhoea. Pulse, 112; temperature, 101° .

April 10th. Pulse, 100; temperature, 100° . Has rallied from the late attack, and looks quite ruddy.

April 18th.—Pulse, 92; temperature, $99\frac{1}{2}^{\circ}$. Weight, 117 pounds; a loss of two and a half pounds.

May 10th.—Pulse, 88; temperature, $99\frac{1}{2}^{\circ}$. Has had a slight, but persistent, diarrhoea since May 5th.

May 17th.—Pulse, 104; temperature, $100\frac{1}{2}^{\circ}$. Complains of pain in the left lung, extending through to the back, probably indicative of extension of the disease. Patient has lost four pounds.

May 21st.—Appears to be losing ground ; starts for home.

In this case there was marked improvement in all the symptoms, increase in weight, lowering of temperature, lessening of cough and expectoration, until the warm weather of spring caused the attack of diarrhoea, with subsequent extension of the disease and loss of all he had previously gained.

CASE XX.—A middle-aged lady from Norwich, Conn. Had a severe attack of the epidemic influenza, which prevailed so extensively in 1874; has coughed ever since, and in October, 1877, had a copious hemorrhage, followed by loss of flesh, night sweats, etc.

Jan. 4th.—Pulse, 120; temperature, 101°; expansion, 28 $\frac{1}{2}$ ' to 30'. Suffers in the forenoon with chilly sensations, succeeded by fever. Sweats profusely, and expectorates at least four ounces of mucopurulent matter, all of which is said to float. There is extensive dulness on the right side, extending in front from the clavicle to the fifth rib, and behind from the supra-spinous fossa to a line corresponding with the lower third of the scapula. The respiration on that side is bronchial, with abundant mucous râles. On the left side no dulness, but very harsh respiration. The general appearance of the patient is decidedly unfavorable; she is quite weak, and slight exertion produces fatigue.

Jan. 14th.—Pulse, 112; temperature, 98 $\frac{1}{2}$. The sweats have ceased, and patient feels stronger.

March 29th.—The condition of the patient during the last two months has remained unchanged; today, however, she is much paler, and evidently weaker.

April 14th.—Pulse, 120; temperature, 102 $\frac{1}{2}$. Patient is losing ground.

April 30th.—She leaves for home, her residence at Aiken having prolonged life through the winter, the advanced stage of the disease not admitting of any more favorable result.

CASE XXI.—This patient, a young man from Brooklyn, who had been hitherto attended by an irregular practitioner, was far advanced in consump-

tion ; left lung, as well as the larynx, being extensively diseased. Emaciated to the last degree with edematous swelling of the ankles, it was evident that death would take place at an early date—a prognosis that was verified a few weeks later.

CASE XXII.—An unmarried lady, a patient of Dr. F. L. Knight, of Boston. The disease began with chronic pleuro-pneumonia in December, 1876. On her way South she was exposed to the influence of severe cold in the depot at Philadelphia, which gave rise to severe pain in the chest and a dry, troublesome cough.

March 2d.—Pulse, 112; temperature, $101\frac{1}{2}$; color, pale. Articulates with great difficulty, being compelled most of the time to speak in a low whisper. Slight dulness under the right scapula, with bronchial respiration.

March 10.—The aphonia has increased; has fever in the afternoon.

March 20.—Pleuritic pains; has less fever, but complains of weariness after slight exertion, and has night-sweats.

April 5th.—General health much improved; laryngeal symptoms as at last examination.

April 28th.—The improvement noted on the 5th has continued; she is stronger, and has increased in weight. No improvement in the laryngeal symptoms, except that the voice is more distinct.

CASE XXIII.—Male, forty-one years old; patient of Dr. Van Bibber, of Baltimore. Hereditary predisposition to consumption on the father's side. Disease began with bronchial catarrh in the autumn of 1877. Has had several attacks of blood-spitting, and suffers with occasional night-sweats. The patient has been some time in Aiken, and is in much better condition than when he arrived, having gained at least five pounds.

March 4th.—Color, good; pulse, 76; temperature, 100. Dull on left side, between the clavicle and second rib, with bronchial breathing. There are also the same evidences of disease between the scapula and vertebral column of that side.

April 4th.—The patient has continued to improve,

having gained three additional pounds during the past month, making a total increase of eight pounds since his arrival in Aiken. There has been no return of the bleeding.

CASE XXIV.—Male, at. 42: Albany. Has been under the care of a homeopathic practitioner. The lung affection commenced in July, 1870, with an attack of bronchial catarrh followed by hemorrhage and occasional night-sweats. Passed the winter of 1871 and 1872 at Nassau, and improved there. Stayed at home the following winter, losing ground with the approach of the warm weather of spring, but remaining tolerably well until 1874, from which time until 1876 he passed the winters at home, but came South in the spring. Went to Colorado in 1877, and grew better. Came East in October, and remained in New York until February.

March 5th.—Color, tolerably good; pulse, 96; temperature, $99\frac{1}{2}$. Expectorates four ounces of mucopurulent matter in twenty-four hours. Dull on the right side, from the clavicle to the lower border of the fourth rib, with loud amphoric respiration, and other signs of a large superficial cavity. Under right scapula bronchial respiration, with loud, prolonged expiration. On the left side there is no dulness, but the respiration is decidedly bronchial.

March 28th. Much better; pulse, 84; temperature, 99° . Has gained two pounds.

April 5th.—Goes North much improved in appearance.

CASE XXV.—A young man of 22, a patient of Dr. Calvin Ellis, of Boston. One brother had consumption, but recovered. The disease began with bronchial catarrh in June, 1878. Has had occasional night-sweats and hemorrhages. He came to Aiken in December, but, disappointed because his cough did not disappear as rapidly as he had hoped, he went to Florida. During a hunting expedition in that State he was much exposed, and subjected to great fatigue, which, in connection with insufficient food, and that of bad quality, brought on fever. Growing rapidly worse, he determined, after a short stay on the St. John's, to return to Aiken. It was evi-

dent from the fever, the obstinately recurring hemorrhages, and increasing emaciation, that the disease had taken a fresh start. Prior to this date the affection was said to be confined to a limited area in the left lung. He has lost twenty-five pounds.

March 20th.—Over the left apex the percussion sound is short, with very harsh respiration; the expiration being prolonged. On the right side there is a small area of dulness below the clavicle, with prolonged expiratory murmur.

April 23d.—The patient's general symptoms have undergone no material change. The dulness on the right side is now very distinct, extending as low as the third rib.

May 6th.—Patient goes home much worse in every respect. Much of the trouble in this case may be attributed, not so much to his ill-advised removal to Florida, as to his reckless and injudicious mode of life after his arrival there.

CASE XXVI.—A married lady; Drs. Loomis and Nicol, consulting physicians. No history noted.

April 4th.—On the right side there is an area of dulness under the second and third ribs, near the sternum, with bronchial respiration. On the back, same side, there is also dulness under the upper third of the scapula, with increased vocal fremitus. In other respects the respiration presents the same character as in front. Patient complains of circumscribed pleuritic pain over a region corresponding with the area of dulness.

May 3d.—The patient looks quite well: has gained three pounds in weight, and coughs but little. The dulness has disappeared, and the respiratory murmur has lost its bronchial character, being feeble without any prolongation of the expiration.

CASE XXVII.—A married lady from Memphis; Drs. Thornton and Maury. The disease commenced with an attack of hemoptysis in May, 1877. Has lost eighteen pounds. During the journey the patient was so extremely weak that she had to be carried from one car to another, and even now she is unable to walk across the room without assistance. She was sent to Aiken as a *dernier-ressort*, her friends having

regarded her condition as hopeless, and it was feared that she would die on the way. Has had frequent hemorrhages, and the night-sweats have been quite profuse. She had been some weeks in Aiken, and had already gained several pounds.

April 13th.—Very pale, emaciated, with quick and feeble pulse. There is distinct dulness over the upper portion of the left lung.

(The symptoms afforded by auscultation were not noted, but the general appearance of the patient, the dulness on percussion, and the history of the case, are such as to admit of no doubt as to the nature of the disease.)

May 25th.—Patient has had several slight hemorrhages, and has suffered with occasional attacks of pleuritic pain. In other respects her condition is greatly improved.

June 3d.—Has gained six pounds in weight, looks better, and is much stronger, being now able to walk about without assistance. The improvement in this case was as great as it was unexpected.

CASE XXVIII.—A young girl of fifteen, from Cincinnati; Drs. Carson and Richards. Disease commenced with cough on March 7th. Pulse, 96; temperature, 101°.

April 17th.—Left side dull in front, from the clavicle to second or third rib; respiration feeble and indistinct in character. On the right side the respiration is louder, with audible expiratory murmur.

April 24th.—Improving; coughs very little, and then only in the morning.

June 8th.—Pulse, 88; temperature, 98 $\frac{1}{2}$ °. Cough has disappeared entirely, and the patient presents all the appearances of a person in perfect health. Notwithstanding her having several sharp attacks of diarrhoea, her weight has increased from 135 to 145 $\frac{1}{2}$ pounds.

CASE XXIX.—Male, forty years, from Worcester, Mass.; patient of Dr. Calvin Ellis, of Boston, and Dr. Thomas Gage, of Worcester. Began with bronchial catarrh in January, 1879. Has gained three pounds since his arrival in Aiken, thirteen days ago.

April 22d.—Color good; if anything, rather too

florid. Expectorates one ounce of muco-purulent matter; pulse, 108; temperature, $101\frac{1}{2}$. Dull on the right side, from the clavicle to the second rib in front, and as low as the angle of the scapula behind.

April 30th.—Continues to improve; coughs less, and the expectoration is somewhat reduced in quantity.

May 18th.—Patient does not look so well, and there are indications that the disease is extending.

May 22d.—Color bad; is evidently losing ground very rapidly. Area of dulness extends in front to the lower border of the third rib. Patient much worse than when he arrived.

CASE XXX.—A young German from New York, twenty-five years of age. The disease began with bronchial catarrh in 1875, followed by several slight hemorrhages. Spent the summer on Schooley's Mountain, N. J., where he lost his cough and returned to New York, to all appearances quite well. There, by the advice of his physician, an eminent specialist in pulmonary affections, he resumed his business, but was soon again compelled to relinquish it on account of a return of the old symptoms. He was then sent to the Adirondack region, where he again improved; but finding himself ill on his return to New York, he started for Europe, where he was treated successively at Falkenstein (Dr. Detweiler), at Davos, and at Meran (Dr. Pircher). The patient has passed the whole winter at Aiken, but has done so well that he has not required medical advice. His only object in consulting me is to ascertain to what extent he has improved.

May 13th.—Pulse, 88; temperature, $99\frac{1}{2}$. Looks well, and has a good healthy color. Has increased in weight. At all the other resorts he has frequented, the sputa have been more or less tinged with blood; but since his arrival in Aiken there has been no trace of bleeding. He expands the chest to the extent of three inches without any great effort. Dulness quite pronounced under and below the right clavicle; in the axillary line the percussion sound is short. On the back of the same side there is also dulness under the supra-spinous fossa of the scapula. Auscultation

reveals bronchial respiration over the left apex, with prolonged expiration in the axillary region. Mucous râles, formerly observed by Dr. Pircher under the upper portion of the scapula, have all disappeared.

CASE XXXI.—A young married lady, patient of Dr. L. Weber, of New York. Disease began in March, 1878. The following letter from her physician will serve as a history of this interesting case:

"Mrs. ——, from healthy family, had several slight attacks of bronchial haemoptoe about ten months ago, during pregnancy. These attacks recurred from time to time, although rarely combined with fever. When I examined her some six months ago, I said to her attending physician that I found on the left side posteriorly unmistakable signs of catarrhal pneumonia of the chronic variety, with tendency to cirrhotic disease of the lung-tissue.

Yours respectfully,
L. WEBER."

136 WEST THIRTY-FOURTH ST.

Jan. 15, 1879.—Patient has lost flesh, her present weight being 121 pounds. In addition to the symptoms mentioned by Dr. W., she complains of occasional attacks of dyspnoea. There is a slight dulness under and to the left angle of the scapula (auscultatory symptoms not noted). Patient has felt much better since she came to Aiken, and the hemorrhages which were previously quite frequent, have only recurred three times since her arrival.

Jan. 19th.—Pulse and temperature normal; no return of the bleeding. The attacks of dyspnoea are much less frequent.

Feb. 10th.—Pulse, 80; temperature, $98\frac{1}{2}$. The cough, which has been gradually lessening, has now ceased entirely.

April 24th.—Pulse and temperature normal. No return of the cough or of the hemorrhages. Has gained fifteen pounds, and is, to all appearances, perfectly well. Physical examination reveals nothing abnormal, except harsh respiration on the left side.

It will be seen by the table (p. 24), that nineteen out of the thirty-one cases were more or less improved; that

in four of these there was entire cessation of cough, the patients being to all appearances quite well when they left Aiken. In five cases the patient neither gained nor lost, or gain in one direction was counterbalanced by loss in another. Of the eight classed as having grown worse, several had gained in weight and showed other signs of improvement; but, owing to carelessness or ignorance, relapsed. The one case that died was evidently in the very last stage of the disease when he presented himself for treatment. The results are submitted without further comment to the profession at large; and although chiefly intended for their information, it is hoped that other physicians in charge of the various sanatoria throughout the country may be induced to preserve careful records during the coming season, and conscientiously present for publication the results attained at their stations. It is hoped that those who may be inclined to act on this suggestion, will, if possible, adhere to the plan presented in this paper, and thus enhance the value of their reports when compared with others. It should be remembered that the above report does not include all the cases of consumption that occurred in the writer's practice, but only those which were under observation for periods longer than one month. Quite a large number presented themselves only occasionally, and, not being under continuous treatment, were omitted. A fact worthy of note, and one to which the reader's attention is most earnestly directed, is, that patients wintering at Aiken, as a rule, did better than those which did not arrive until after the warm weather of spring had begun. Another point in the report which should be noted is, that those cases which failed to improve at Aiken were in no way benefited by removal to other resorts.

TABULAR STATEMENT OF CASES OF PHthisis TREATED AT AIKEN,
SOUTH CAROLINA, DURING THE WINTER OF 1878-79.

Case No.	Lung affected.	Term of residence in Aiken.	Result.	Increase in weight.
I.....	Left.	4 months.	Improved.	Not noted.
II.....	Both.	5 seasons.	Improved.	"
III.....	Both, with cardiac complication.	3 months.	Grew worse.	0
IV.....	Right.	4 months.	Grew worse.	0
V.....	Right.	4 months.	Improved.	9 lbs.
VI.....	Right.	7 months.	Improved.	Not noted.
VII.....	Left.	1 month.	Grew worse.	0
VIII.....	Both.	2 months.	Improved.	Not noted.
IX.....	Both.	3 months.	Unchanged.	"
X.....	Both.	4 months.	Improved.	9½ lbs.
XI.....	Right.	3 months.	Arrest.	3 lbs.
XII.....	Right, with laryngeal complication.	5 years.	Arrest with subsequent relapse.	Not noted.
XIII.....	Right.	6 weeks.	Unchanged.	"
XIV.....	Right.	6 months.	Improved.	10½ lbs.
XV.....	Right.	8 years.	Arrest.	Not noted.
XVI.....	Both.	1 month.	Unchanged.	"
XVII.....	Left.	3 seasons.	Improved.	"
XVIII.....	Both.	1 month.	Grew worse.	0
XIX.....	Left.	5 months.	Unchanged.	Not noted.
XX.....	Right.	4 months.	Grew worse.	"
XXI.....	Left, with laryngeal complication.	3 months.	Died.	0
XXII.....	Right.	2 months.	Unchanged.	Not noted.
XXIII.....	Right.	3 months.	Improved.	8 lbs.
XXIV.....	Left.	2 months.	Improved.	2 lbs.
XXV.....	Both.	6 weeks.	Grew worse.	0
XXVI.....	Right.	1 month.	Improved.	3 lbs.
XXVII.....	Left.	2 months.	Improved.	6 lbs.
XXVIII.....	Left.	2 months.	Arrest.	10½ lbs.
XXIX.....	Right.	1 month.	Grew worse.	0
XXX.....	Right.	4 months.	Improved.	Not noted.
XXXI.....	Left.	3 months.	Arrest.	15 lbs.

SUMMARY.

Arrested	4
Improved	13
Unchanged	5
Grew worse	8
Died	1

